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Declaration and Power of Attorney  
Page 1

Docket No. 09799910-0034

**DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD FOR THE DETECTION OF APOPTOSIS**

the specification filed on June 26, 2003 and assigned Application Serial No. 10/607,455

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Nos.	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration and Power of Attorney  
Page 2

I hereby claim the benefit of earlier U.S. applications as follows:

I hereby claim the benefit under 35 U.S.C. §120 of the following earlier-filed United States patent applications. Insofar as the subject matter of each of the claims of this application is not disclosed in the prior U.S. applications in the manner required by 35 U.S.C. §112, first paragraph, I acknowledge a duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which came into existence between the filing date(s) of the prior applications and the national or PCT filing date of this application.

(Application Serial No.)

(Filing Date)

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

60/392,143

June 26, 2002

(Application Serial No.)

(Filing Date)

**POWER OF ATTORNEY**

I hereby appoint the attorney(s) and agent(s) of Sonnenschein Nath & Rosenthal LLP associated with Customer Number 26263, with full power of revocation and substitution, to prosecute this application and to transact all business with the United States Patent and Trademark Office in connection therewith.

---

SEND CORRESPONDENCE AND DIRECT TELEPHONE CALLS TO:

Paul E. Rauch, Ph.D.  
SONNENSCHEIN NATH & ROSENTHAL LLP  
P.O. Box 061080  
Wacker Drive Station, Sears Tower  
Chicago, Illinois 60606-1080  
(312) 876-8936  
Customer Number 26263

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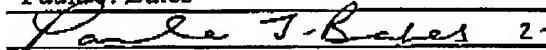
Declaration and Power of Attorney  
Page 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor:

Paula J. Bates

Inventor's Signature:

 2-16-04

Date:

Country of Citizenship:

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Residence and Post Office Address:

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Inventor:

Yingchang Mi

Inventor's Signature:



Date:

Country of Citizenship:

China

Residence and Post Office Address:

288 Nanjaing Road, Chinese Academy of Medical Science

Institute of Hematology, Nankai District, Tianjin, 300020

China

23131759V1

Declaration and Power of Attorney  
Page 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor:

Paula J. Bates

Inventor's Signature:



Date:



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Residence and Post Office Address:

408 Browns Lane, Louisville, KY 40207

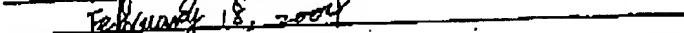
Inventor:

Yingchang Mi

Inventor's Signature:



Date:



Country of Citizenship:

China

Residence and Post Office Address:

288 Nanjing Road, Chinese Academy of Medical ScienceInstitute of Hematology, Nankai District, Tianjin, 300020China

Feb-20-04 16:31 From-Sonnenschein Nath &amp; Rosenthal

314 259 5959

T-708 P.009/011 F-535

**PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

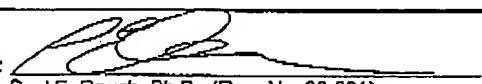
First Named Inventor:

Paula J. Bates

Title: A Method for the Detection of Apoptosis

Express Mail Label No.: EV 320 857 626 US

Date of Deposit: June 26, 2003

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																	
1. <input type="checkbox"/> This Form includes the Fee Transmittal (See Box 19) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. (See 37 CFR 1.27) 3. <input checked="" type="checkbox"/> Specification (including title page) [Total Pages 52] 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 2] 5. <input type="checkbox"/> Declaration and Power of Attorney [Total Pages ____] <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate		8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. <input checked="" type="checkbox"/> Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R in duplicate; or</li> <li>ii. <input checked="" type="checkbox"/> paper</li> </ul> </li> <li>c. <input checked="" type="checkbox"/> Statement verifying identity of above copies</li> </ul>																																	
<b>ACCOMPANYING APPLICATION PARTS</b>																																			
9. <input type="checkbox"/> Assignment Papers ( <i>cover sheet &amp; document(s)</i> ) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> ) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified copy of _____ Priority Document Document No. _____, filed on _____ 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____																																			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application no.: _____ / Prior application information: Examiner Name: _____ Group Art Unit: _____																																			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																			
19. FEE CALCULATIONS:																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>CLAIMS</th> <th>(1) FOR</th> <th>(2) NUMBER FILED</th> <th>(3) NUMBER EXTRA</th> <th>(4) RATE</th> <th>(5) BASIC FEE \$375.00</th> </tr> <tr> <td rowspan="3" style="background-color: #cccccc;">REDACTED</td> <td>TOTAL CLAIMS</td> <td></td> <td></td> <td>\$9.00</td> <td>\$</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td></td> <td></td> <td>\$42.00</td> <td>\$</td> </tr> <tr> <td>ANY MULTIPLE DEPENDENT CLAIMS?</td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> <td></td> <td>\$140.00</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>SUBTOTAL</td> <td></td> <td>\$</td> </tr> </table>	CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$375.00	REDACTED	TOTAL CLAIMS			\$9.00	\$	INDEPENDENT CLAIMS			\$42.00	\$	ANY MULTIPLE DEPENDENT CLAIMS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		\$140.00	\$				SUBTOTAL		\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">           a. <input type="checkbox"/> In connection with this application, the Commissioner is hereby authorized to credit overpayments or to charge any additional fee required to Deposit Account No. 19-3140. A duplicate copy of this sheet is enclosed.         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           b. <input type="checkbox"/> The enclosed check in the amount of \$ _____ covers the total claim fee and recordation fee.         </td> </tr> </table>			a. <input type="checkbox"/> In connection with this application, the Commissioner is hereby authorized to credit overpayments or to charge any additional fee required to Deposit Account No. 19-3140. A duplicate copy of this sheet is enclosed.		b. <input type="checkbox"/> The enclosed check in the amount of \$ _____ covers the total claim fee and recordation fee.	
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20. <input checked="" type="checkbox"/> CUSTOMER NO. 26263 Dated: <u>6/26/03</u>				SIGNATURE:  Paul E. Rauch, Ph.D., (Reg. No. 38,591)																															